



The 1st Indonesia Congress on Controversies in Ophthalmology

**Controversies in
ophthalmology practice in
preventing blindness**

SYMPOSIUM AND COURSE :

- Infection Immunology Division
- Glaucoma Division
- Cataract and Refractive Surgery Division
- Vitreoretina Division

24 - 26TH NOVEMBER 2016

Pangeran Beach Hotel Padang
West Sumatra

Session 5A

Infection Immunology ; The Clue To The Etiological Diagnosis Of Corneal Ulcer

- Moderator : Endang Johani, MD - Co Moderator : Angga, MD

TIME	TITLE	SPEAKER
08.30 - 08.40	How To Find The Clue To The Etiological Diagnosis Of Corneal Ulcer : By Typical Clinical Guessing Or Should Be Microbiological Examinations ?	Anang Tribowo, MD
08.40 - 08.50	Differentiating Corneal Ulcer : Infection Or Not Infection	Susi Heriyati, MD
08.50 - 09.00	Various Clinical Picture Of Peripheral Corneal Ulcers : Mooren's Ulcer Or Peripheral Ulcerative Keratitis ?	Dina Novita, MD
09.00 - 09.10	Discussion	

Session 5B

Infection Immunology ; Surgical Therapy For Corneal Ulcer

- Moderator : Prof. Dr. Winarto, MD - Co Moderator : Retno Sasanti, MD

TIME	TITLE	SPEAKER
09.20 - 09.30	Surgical Therapy For Impending And Perforating Corneal Ulcer ; Conjunctival Flap, Amnion Membrane Or Fascia Lata /Periosteal Graft ?	Randi Montana, MD
08.30 - 09.40	Choice Of Keratoplasty For Corneal Ulcer : Tectonic , Lamellar Or Penetrating Keratoplasty ?	Made Susyanti, MD
09.40 - 09.50	Management Of Staphyloma Cornea When Vision Is Lost / Still Present : Evisceration Or Cryotherapy ?	I Gde Wirastana, MD
09.50 - 10.00	Discussion	

Session 6A

Vitreoretina ; PDR and Diabetic Macular Edema

- Moderator : Prof. Khalilul Rahman, MD - Co Moderator : Firmansyah, MD

- Panelis : Matthew Russel, Prof. Khalilul Rahman, MD, Prof. Gatot MD Firmansyah, MD, Rumita K, MD, Nurini, MD

TIME	TITLE	SPEAKER
10.15 - 10.30	Anti VEGF For DME	Weni Helvinda MD
10.30 - 10.45	Anti VEGF Plus PRP	Ramzi Amin, MD
10.45 - 11.00	Panel Discussion	

Session 6B

Vitreoretina ; Surgery for Vitreous Haemorrhage (PDR)

- Moderator : Prof Gatot Suhendro, MD - Co Moderator : Nurini Agni, MD

- Panelis : Matthew Russel, Prof. Khalilul Rahman, MD, Prof. Gatot MD Firmansyah, MD, Rumita K, MD, Nurini, MD

TIME	TITLE	SPEAKER
11.00 - 11.15	Vitrectomy plus Anti VEGF	Arijati Kusuma, MD
11.15 - 11.30	Vitrectomy + Laser + Anti VEGF	Gilbert Simanjuntak, MD
11.30 - 11.45	Panel discussion	Panelis
11.45 - 13.00	Shalat Jumat	

VITREORETINA LUNCH SYMPOSIUM (BAYER)

TIME	TITLE	SPEAKER
13.00 - 13.05	Opening by MC and Moderator while Lunch Serving	- Rumita Kadarisman, MD - Elvioza, MD
13.05 - 13.25	Intravitreal Aflibercept for Diabetic Macular Edema	Angela Nurini Agni, MD
13.25 - 13.45	Clinical Trial Review of Different Therapeutic options in Diabetic Macular Edema	Matthew Russel, MD (Australia)
13.45 - 14.00	Discussion	

Session 7

Glaucoma ; Refractory Glaucoma : How to manage

- Moderator : Dr. Andika Prahasta, MD - Co Moderator : Prima Mayasari, MD

TIME	TITLE	SPEAKER
14.00 - 14.15	Application Of Mytomicin C : Is It Necessary ?	Fitratul Ilahi , MD
14.15 - 14.30	Anti VEGF In Neovascular Glaucoma : Before Or Combined With Trabeculectomy ?	Andika Prahasta, MD
14.30 - 14.45	Management Of Acute Primary Angle Closure : LPI Or Phacemulsification ?	Nuttamon Srisamran, MD (Thailand)

Surgery for Vitreous Hemorrhage (PDR)

Combined Vitrectomy, Laser and Anti VEGF

Gilbert WS Simanjuntak

Department of Ophthalmology FK UKI

SMF IP Mata RS PGI Cikini



DRVS for early vitrectomy in VH PDR (1985)

- Early VH, VA $<5/200$, ≥ 1 month are eligible for early pars plana vitrectomy (PPV) (in 1-6 months) or conventional (until macula detach or unclear vitreous >1 year)
 - After 2 yrs, good vision gain 25% in early PPV, 15% in conventional
 - Type I DM has better outcome than type II
 - Approximately 20% of these worsened to no light perception after PPV
 - *Delayed* PPV in type II is not recommended
- Improvements in PPV techniques such as endolaser, C3F8 injection, better microscopeviewing systems, and earlier vitrectomy
 - only 3% progressed to poor visual outcome (Mason AJO 2005)



PPV for VH PDR : Indications

- Visually significant, non clearing hemorrhage
- Tractional RD involving or threatening macula
 - Combined Tractional-Rhegmatogen RD

*Early PPV should be considered if NV is extensive
and rapidly progressive*



PPV- difficulties

- Intraoperative hemorrhage
- Difficult to do fibrovascular membrane dissection (delamination or segmentation)
 - Postoperative vitreous hemorrhage (VH)

TIPS

Laser prior to PPV as much as possible (needs clear media, take 2-3 weeks until BV regressed, facilitate MP)

Avoid inflamed eye, risk of fragile retina (iatrogenic break, unreleased traction, etc) : PRP





Anti VEGF injection

- Regressed blood vessel (no need clear media, short effect)
 - Anti-inflammatory (swelling, inflamed vitreous/retina, etc)

PROs

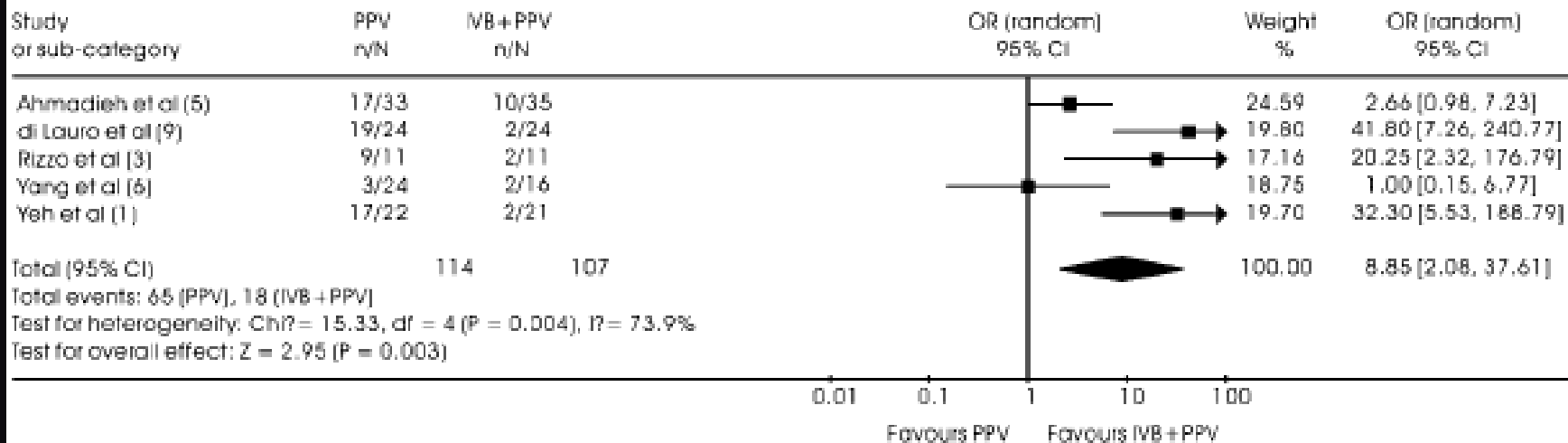
- To decrease intraoperative hemorrhage
- Facilitate fibrovascular membrane dissection, easier separation of FVM from the underlying retina
- Reduce postoperative vitreous hemorrhage (VH) rates

debatiful...

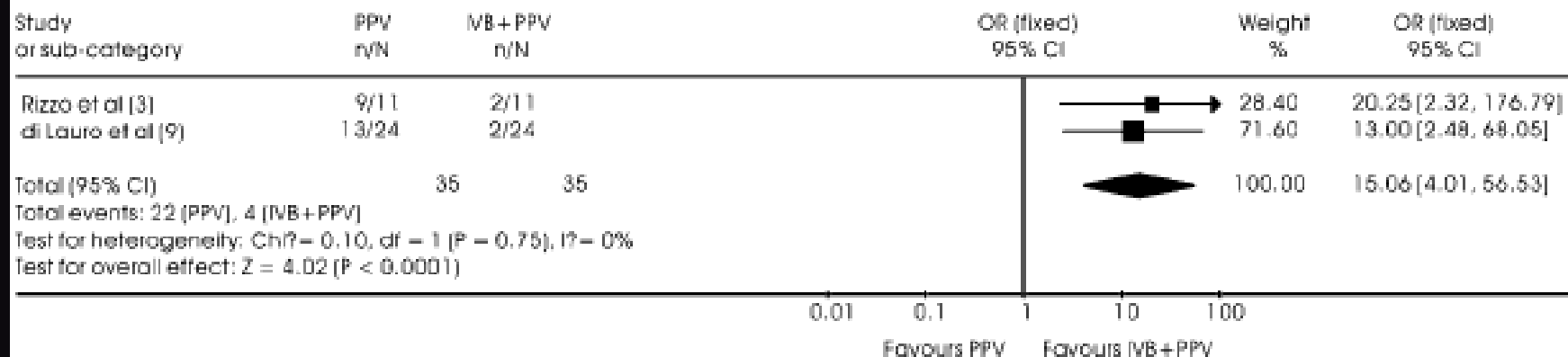


Meta-analysis IVB Pre PPV

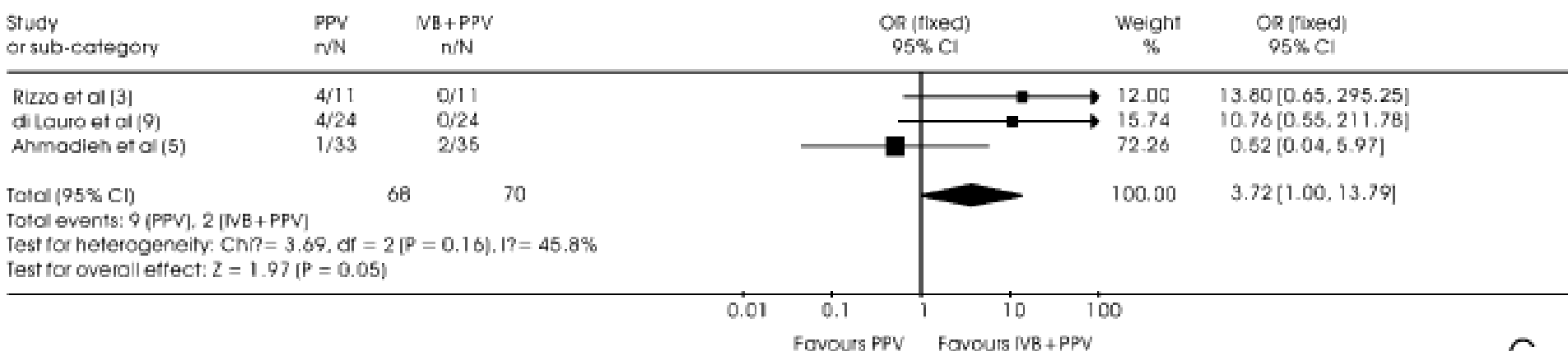
Comparison: Intraoperative bleeding



Comparison: Frequency of endodilatation

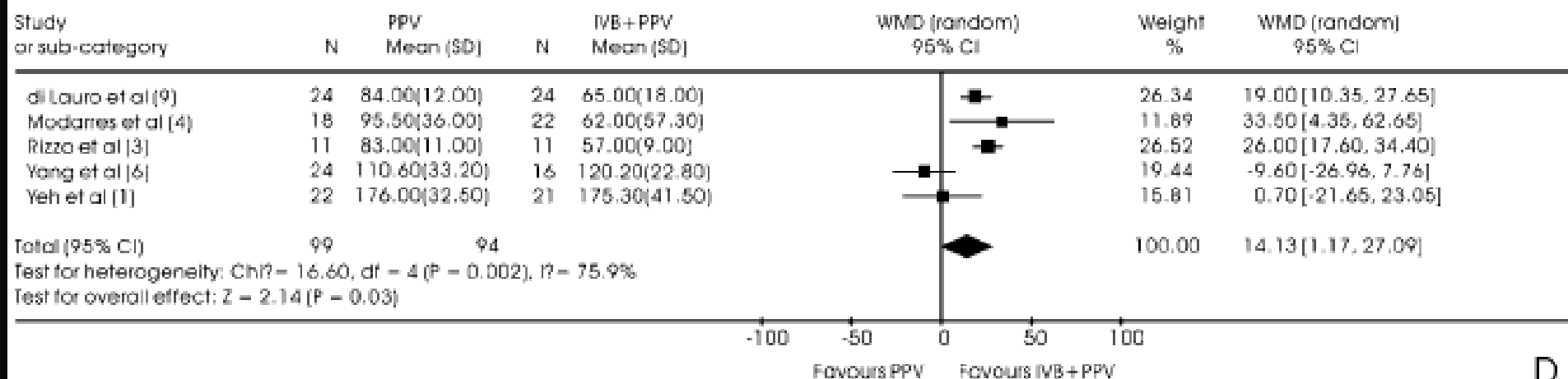


Comparison: Iatrogenic retinal tears



C

Comparison: Mean surgical time



D



IVB Pre PPV versus PPV Alone

- Incidence of intraoperative bleeding and frequency of endodiathermy $p < 0.01$
- Less surgical time than the control group ($p = 0.003$).
- Shorter reabsorption time of blood ($p = 0.04$)
- Incidence of recurrent VH ($p = 0.05$)
- Better final best-corrected visual acuity ($p = 0.003$)
- Other complications, including final retinal detachment, and reoperation, were statistically insignificant



- The surgical endpoint was the relief of traction on the macula and areas of TRD and a clear vitreous cavity.
- Dose IVB 1.25 mg 2-4 days before PPV
 - early incidences of recurrent VH (<1 week) eligible for PPV
 - Can be detected in the retinal tissue 14 days after intravitreal injection (Chen, Retina 2006)
 - 7-day with 20-day previtrectomy IVB gave similar clinical outcome but more difficult surgery in 20-day group
 - Cikini Hospital : 2.5 mg/0.1 ml + 0.1 ml Dexamethasone 1-10 days before PPV

IVB Pre, Durante, Postop ?



PROs and CONs

PROs

- To decrease intraoperative hemorrhage and
- Facilitate fibrovascular membrane dissection
- Reduce postoperative vitreous hemorrhage (VH) rates

CONs

- Concern still exists that IVB may worsen TRD
- May cause the foveal vascular zone enlargement



THANK YOU



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Controversies in ophthalmology practice in preventing blindness

Padang, 24 - 26th November, 2016

Certificate of Presentation

This is to certify that

Gilbert WS Simanjuntak, MD

as

S P E A K E R

SKP IDI : No. 518/IDI-WIL-SB/SK/IX/2016

Speaker 8, Participant 12, Moderator 2, Committee 1

(Head Division of Indonesia Ophthalmology Association)



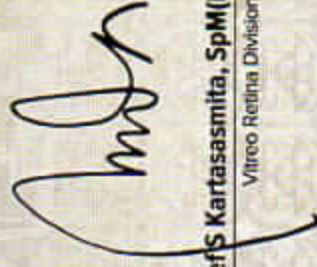
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